

HHS Regions VI & VII Tribal Consultation

Executive Summary

The 2011 Tribal Consultation for Regions VI and VII was held February 24, 2011, in Oklahoma City, Oklahoma. The primary purpose of the consultation was to allow Tribal leaders to discuss programmatic issues and overall concerns of Tribes at the local level with U.S. Department of Health and Human Services (HHS) officials. The regional session also provided an opportunity for Tribes to hear updates from HHS, discuss the updated HHS Tribal Consultation Policy, provide testimony and/or comments on topics of interest, and pose questions on issues that concern Tribal communities and members.

Lt. Governor Jefferson Keel, Chickasaw Nation, and HHS Region VI Director Marjorie Petty served as co-moderators for the morning session. The day began with Lt. Governor Keel welcoming the group, calling for the posting of colors, and delivering the opening prayer. After self introductions from Federal officials, Tribal leaders, and consultation attendees, Lt. Governor Keel reminded the group of the importance of consultation and indicated that comments from the consultation would be sent to HHS Secretary Kathleen Sebelius. To that end, Jay Angoff, Senior Advisor to the Secretary, extended greetings on behalf of Ms. Sebelius; and Ms. Petty also welcomed the group.

HHS Region VII Director Judy Baker, who served as co-moderator for the afternoon sessions with Chairman Steve Ortiz, Prairie Band Potawatomi Nation, walked the group through the timeline of activities that led up to the finalization of the revised HHS Tribal Consultation Policy. After highlighting some of the significant changes to the policy, Ms. Baker and Ms. Petty outlined their priorities for Tribes in their respective regions. Additionally, Lt. Governor Keel and Chairman Ortiz shared Tribal priorities from the perspective of the Secretary's Tribal Advisory Committee (STAC). Among the Tribal priorities cited include the following:

1. Ms. Petty to complete her visits of all Region VI Tribes' land by the end of 2011.
2. Ms. Petty to continue to be a conduit between Tribes and regional and national level officials to get Tribal issues solved.
3. Ms. Baker to continue Region VII quarterly calls with Tribes.
4. Substance Abuse and Mental Health Services Administration (SAMHSA) to have a regional presence in Region VII.
5. Continuation of Region VII's grant writing workshops for Tribes.
6. Commitment to working better with state partners in health, improving state relationships, and incorporating state partners who are critical to the mission of Region VII operations.
7. Push for economic development and new models of care.
8. STAC full meeting on March 1, 2011.
9. HHS Budget and Policy Consultation Meeting on March 3-4, 2011, with anticipated aggregate funding amounts to Tribes going back to the 2008 funding level.
10. Encouragement to Tribes that can afford to do so, to buy into group insurance.

A significant portion of the morning's agenda was dedicated to allowing Tribal leaders and other consultation attendees to provide comments and testimony on various topics of concern to them. Among the suggestions/recommendations offered included the following:

- Authorization of Indian healthcare units as community health centers so they can manage vaccinations without having to go through the state.
- Deployment of the Commission Corp to Indian country.
- Redesign of contract health care, in particular Category 1.
- Recommendation to return to FY 2008 funding levels only as a last resort.
- Concern about the significant reduction in the Indian Health Services' (IHS) facilities budget over the years.
- Concern about contract support costs for indirect costs.
- Concern about inequities in the Indian Healthcare Improvement Fund.
- Opposition to means testing.
- Request for more mental health dollars/resources.

Before lunch the first of four panel discussions, *Affordable Care Act*, was led by Mr. Angoff, Ms. Petty, and Ms. Baker. Ms. Baker provided an overview of the act, noting that the full implementation of health insurance exchanges was expected by 2014. Ms. Petty informed the group that exchanges were already in place in Oklahoma, adding that the Oklahoma Healthcare Authority was given an innovation grant in recognition of its potential to carry out the Affordable Care Act (ACA). Ms. Baker stated that Kansas received an innovation grant as well. Finally, Mr. Angoff discussed the impact the exchanges would have on the private care industry and what that meant for Tribes. Highlights of issues brought up by Tribes and responses from regional staff participants for all panel sessions are provided in the HHS Regions VI & VII Tribal Consultation Summary Report (under separate cover).

Cindy Padilla, Principal Deputy Assistant Secretary on Aging; and Pat Brown, Regional Administrator for Region VII, ACF, led the *Aging, Family & Human Services Issues* panel. Ms. Padilla said new applications under Title VI parts A and C were due last November and the process of making new contracts was underway. Her presentation also included discussions about the Indian Healthcare Improvement Act, Older Americans Act, and Veteran-Directed Home and Community Based Services program. She emphasized the Administration on Aging's (AoA) desire to bridge health care service delivery to community services in order to provide greater opportunities to collocate services. She also recognized a need to focus on home- and community-based services, support family caregivers, and build partnerships to leverage other resources, including building Tribal-State relationships. Before opening the floor for questions, Ms. Brown shared new funding available to Tribes—some through the ACA; and she encouraged the Tribes to visit the <http://www.grants.gov> or the Administration for Native Americans (ANA) section of the Administration for Children and Families (ACF) website for grant solicitations. She noted that a new 2011 grant would combine Assets for Independence funding with ANA funding, indicating that training schedules for applications could be found at <http://www.idaresources.org>.

Charlotte Gish, Deputy Regional Health Administrator, Office of Assistant Secretary for Health (OASH), Region VI; and Sheila Cooper, Tribal Coordinator, SAMHSA, led the *Health, Wellness*

and Behavioral Health panel. Ms. Gish explained that her office's primary focus was to look at preventive health. Like the Tribes, she said, her office was particularly concerned about the young and the elderly; getting providers where they are needed most; and getting students interested in working in the field. She encouraged the Tribes not to discount small grants, stating that they can really help programs. In terms of larger funding opportunities, Ms. Cooper announced that the proposed 2012 Behavioral Health-Tribal Prevention grants were slated for \$50 million—with a base award to every Tribe that applies of \$50,000. She indicated that consultation would be sought regarding how to distribute the remaining \$25 million through a distribution formula.

Stacey Shuman, Centers for Medicare and Medicaid Services (CMS); and Nannette Bishop, ACF, Region VI, led the *Tribal-State Relations* panel. Ms. Bishop discussed Title IV-B and Title IV-E grants, noting that in 2008 via Fostering Connections, Tribes could directly pursue funding or enter into new Tribal-State agreements. She said workgroups had been established to facilitate continued forums between Tribes and states concerning new 4E agreements. Ms. Shuman indicated that CMS was committed to having a nation-to-nation relationship with Tribes. To that end, she said CMS was in the process of giving states in Region VI feedback on their proposed policy on Tribal consultation. She also indicated that a 10-001 letter to Tribes, giving clarity on the formation of a Tribal Technical Advisory Group (TTAG) was issued and she encouraged the Tribes to sit in on the TTAG calls. In closing, she said CMS was trying to make available grants that focused on outreach and retention through the Children's Health Insurance Program Reauthorization Act (CHIPRA).

Rear Admiral Kevin Meeks, Oklahoma IHS Area Director, led the discussion on *Indian Health Service Budget and Priorities Update*. Having received increased funding in 2010, he said the IHS was now operating on a continuing resolution. Rear Admiral Meeks addressed efforts to renew the agency's partnership with Tribes; reform efforts; improvement areas, e.g., quality and access to care; and ongoing/current consultations with Tribes. Regarding CHS [contract health services], he said the agency was making monumental efforts to ensure everyone knew how the program worked and applied to them. He confirmed that a clinic in Oklahoma had to be shut down because of flooding, but he said its reopening in 2 to 4 months would allow for increased services. He also confirmed that an investigation of all IHS areas would occur; and he said the agency was all but out of the facilities construction business. He did mention, however, that via joint ventures, private resources, and other means, Tribes were continuing to find ways to build.

After the last session, Ms. Petty and Chairman Ortiz thanked the Tribal leaders, regional staff and administrators, and other contributors to the consultation effort. Ms. Petty reminded the Tribes that written testimony could be sent to her or Ms. Baker over the next few weeks; and she assured them of her commitment to work with Tribes in a more effective way.

The consultation ended with Captain Max Tahsuda, IHS Oklahoma, delivering a closing prayer.